



**Monroe County Department of Health**  
Food Protection – Room 1020  
111 Westfall Road/ P.O. Box 92832  
Rochester, New York 14692  
(716) 274-6064

(DO NOT WRITE IN THIS SPACE)

New ☐

Name/Operator Change ☐

Former Est. Name \_\_\_\_\_

# \_\_\_\_\_ Inspector \_\_\_\_\_

## APPLICATION FOR A PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT

**Please complete this form. Print or type all information.**

*Pursuant to part 14-1.190(c) of the New York State Sanitary Code, I / We hereby submit the following information and make application to operate a food service establishment.*

Name of Establishment \_\_\_\_\_

Address \_\_\_\_\_

Location \_\_\_\_\_ Zip \_\_\_\_\_  
(city, town or village)

Business telephone \_\_\_\_\_

OPERATOR'S NAME \_\_\_\_\_  
(Partnership or Corporate Title – if applicable- copy of certificate attached)

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_

Partners' or Corporate Officers' Names & Titles

Home Addresses and Phone Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Insurance Information** (Proof of insurance is required prior to permit issuance)

Name of Company \_\_\_\_\_

Workmen's Comp. No. \_\_\_\_\_

Disability Number \_\_\_\_\_

**Type of establishment** ☐ Restaurant and/or Tavern ☐ Catering ☐ School or College ☐ Retail Bakery ☐ Delicatessen  
☐ Industrial Food Service ☐ Mobile Vending ☐ Commissary

**Operating Days and Hours** \_\_\_\_\_

**Certified Food Worker** (required prior to permit issuance)

Name \_\_\_\_\_ Certification # \_\_\_\_\_

*Receipt of Part 14-1 of the New York Sanitary code is acknowledged. **Signature must be original, no copies or faxes accepted.***

Signed \_\_\_\_\_ Date of application \_\_\_\_\_

Print name \_\_\_\_\_

( REV 4/00 )